SUPPLEMENTAL ALLOCATION		FISCAL YEAR: CDSS USE ON	C Ø NTRACT#:
	MBURSEMENT OF EXPENSES		
REQUEST FOR REI	WIBURSEWIENT OF EXPENSES	PCA:	P.L.96-92:
A summary of expenses r	nust be submitted with this form.		
ORGANIZATION:		2. COUNTY:	
3. ADDRESS: (NUMBER, STREET)		4. TELEPHONE:	
(CITY, STATE, ZIP CODE)		5. EXPENSES PERIOD:	
6 DATE/MONTH PAID	7 PAID TO	8. PURPOSE	9. AMOUNT
K DAIF/MUNIAPAID	/ PAII 10		
		TOTAL THIS PAGE ONLY	
		10. TOTAL QUARTERLY EXPENSES	
11. I certify that the ar	nounts requested above are for	CDSS USE ONLY	
expenses that have not been previously reimbursed and that		ADJUSTMENT	
were incurred pursuar	nt to the Emergency Food Assistance		
Program contract between the California Department of		ADJUSTMENT	
Social Services (CDSS) and this organization. I understand			
that any unliquidated cash advance will be deducted from this request in accordance with the CDSS policy. I declare		CURTOTAL	
under the penalty of perjury under the laws of the State of		SUBTOTAL	
	going is true and correct at the date of		
		LESS CASH ADVANCE	
SIGNATURE OF AUTHORIZED REPR	ESENTATIVE DATE		
		AMOUNT TO BE PAID	
PRINT OR TYPE NAME AND TITLE O	F AUTHORIZED REPRESENTATIVE	REMAINING UNLIQUIDATED CASH	
		ADVANCE	
			<u> </u>
REVIEWED BY:	CD33 US	DE UNLT	DATE:
APPROVED BY:			DATE:
DATA POSTED TO ACCOUNT RECO	RD BY:		DATE:

DATE/MONTH PAID	PAID TO	PURPOSE	AMOUNT

TOTAL THIS PAGE ONLY: (TO BE INCLUDED IN PAGE 1 TOTAL REQUESTED)

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DATE/MONTH PAID	PAID TO	PURPOSE	AMOUNT

TOTAL THIS PAGE ONLY: (TO BE INCLUDED IN PAGE 1 TOTAL REQUESTED)

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DATE/MONTH PAID	PAID TO	PURPOSE	AMOUNT

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DATE/MONTH PAID	PAID TO	PURPOSE	AMOUNT

TOTAL THIS PAGE ONLY: (TO BE INCLUDED IN PAGE 1 TOTAL REQUESTED

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